

TRANSPORTER ANNUAL REPORT

ANNUAL REPORT DUE BY APRIL 1 OF EACH YEAR

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|--------------------------|--------------------------------|
| Transporter Name: | Date: |
| | Virginia Permit Number: |
| Address: | Phone Number: () |
| | Reporting Year _____ |
| | |

1. Hazardous waste originating in Virginia was transported Yes No
If yes, indicate shipments on appropriate forms:
 - a. Shipments within the Commonwealth on Form 7.2-2
 - b. Shipments from the Commonwealth to other states on Form 7.2-3
 - c. Shipments into Commonwealth on Form 7.2-4
 - d. Shipments to foreign facilities on Form 7.2-5
2. Please list name and address of designated official in firm who can be contacted on hazardous waste transporter matters (if other than reporting official):

| | |
|---|-----------------------|
| Name: | Title: |
| | |
| | |
| Address: | Phone Number: |
| | |
| | |
| Signature of Reporting Official: | Date : |
| Title: | Email Address: |



DEQ Form 7.2-1

| | | |
|---------------|----------------------|---------------------|
| DEQ Use Only: | Date Received: _____ | Date Entered: _____ |
|---------------|----------------------|---------------------|

| INTRA-COMMONWEALTH SHIPMENTS | |
|------------------------------|-------------------------------------|
| Transporter Name: | EPA ID Number: |
| Address: | Virginia Transporter Permit Number: |
| | Phone Number: |
| | Reporting Year _____ |
| Reported by: | Title: |

Report Hazardous Waste Transportation Activities

| Date of Receipt of Shipment | Generator ID Number | Facility ID (or Secondary Transporter) Number | Date Released to Facility (or Secondary Transporter) | Manifest Number |
|-----------------------------|---------------------|---|--|-----------------|
| | | | | |



| SHIPMENTS TO OTHER STATES | |
|----------------------------------|--|
| Transporter Name: | EPA ID Number: |
| Address: | Virginia Transporter Permit Number: |
| | Phone Number: |
| | Reporting Year _____ |
| Reported by: | Title: |

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| Report Hazardous Waste Transportation Activities |
|---|

| Date of Receipt of Shipment | Generator ID Number | Facility ID (or Secondary Transporter) Number | Date Released to Facility (or Secondary Transporter) | Manifest Number |
|--|--------------------------------|--|---|----------------------------|
| | | | | |



| SHIPMENTS INTO THE COMMONWEALTH | |
|--|--|
| Transporter Name: | EPA ID Number: |
| Address: | Virginia Transporter Permit Number: |
| | Phone Number: |
| | Reporting Year _____ |
| Reported by: | Title: |

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|---|
| Report Hazardous Waste Transportation Activities |
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| Date of Receipt of Shipment | Generator ID Number | Facility ID (or Secondary Transporter) Number | Date Released to Facility (or Secondary Transporter) | Manifest Number |
|------------------------------------|----------------------------|--|---|------------------------|
| | | | | |



SHIPMENTS TO FOREIGN FACILITIES

| | |
|--------------------------|--|
| Transporter Name: | EPA ID Number: |
| Address: | Virginia Transporter Permit Number: |
| | Phone Number: |
| | Reporting Year _____ |
| Reported by: | Title: |

Report Hazardous Waste Transportation Activities

| Date of Receipt of Shipment | Generator ID Number | Facility ID (or Secondary Transporter) Number | Date Released to Facility (or Secondary Transporter) | Manifest Number |
|------------------------------------|----------------------------|--|---|------------------------|
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